

REDCap Family Support Statewide Database

Instructions: Version 10.0; October 2015

Feedback Protocol

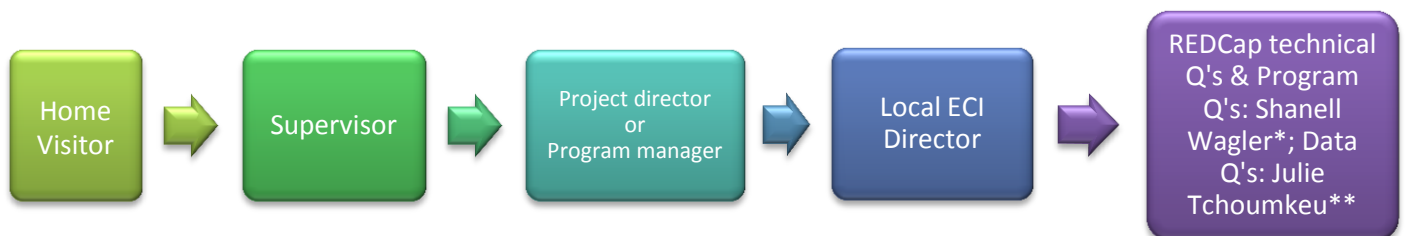
Login Problems

If you are having trouble logging in, please first reset your password (see instructions below). If a password reset does not solve your problem please follow the outlined contact hierarchy below. **Do not contact REDCap Support** as instructed on the REDCap login page.

Password Reset

- Follow this link: <http://www.icts.uiowa.edu/content/external-hawkid-account-reset>.
- Fill out your name, e-mail address, REDCap user name and Study Name (Study Name: FSSD). You will be sent a new password to the e-mail address you entered within two business days.
- Passwords expire after one year without warning. Please reset your password using the link above prior to one year.

Contact Hierarchy



* Shanell.Wagler@iowa.gov **Julie.Tchoumkeu@idph.iowa.gov

Training and Access

In order to receive access to REDCap, new employees will need to:

1. **Register for a HawkID.** There can be up to a week lag time between registering for the REDCap ID and receiving access so please register early.
2. **Watch the Family Support Statewide Database (FSSD) REDCap Online Webinar & read the FSSD REDCap Guide** in its entirety (some quiz questions will come directly from this guide!).
3. **Score 80% or higher on the FSSD REDCap Quiz, Quiz access code: 38LX9MFDM**

The above materials along with additional materials can be found on the IDPH Family Support website: <http://www.idph.iowa.gov/family-health/family-support>. When a professional with REDCap access leaves their agency, programs must use the feedback protocol to inform the state office of the change in employment. The former employees' access to REDCap will then be withdrawn.

FSSD and MIECHV in REDCap

For state-funded programs (ECI, Shared Visions, HOPES-HFI) that also receive MIECHV funding: Programs may be funded by two or more funding streams but, if the program decides to keep the funding streams completely separated, then those programs' families only have to be entered in one system. For example, if the MIECHV family support worker serves ONLY families funded by MIECHV and no families on their caseload are funded any other way, then the families on that worker's caseload would only be entered in the MIECHV system.

If your program treats these funding streams as 1 program, participants must be entered in both the state-wide system and the MIECHV system. It is an ECI/SV/HOPES decision as to whether all families (state funded and MIECHV funded) are reported and all funding streams are reported.

Who to Include

All families served in your program in the fiscal year should be included in the state-wide family support program database in REDCap. There is no method to indicate a re-enrollment. If a family is for any reason officially un-enrolled from a program, the family would be re-entered into the system as a newly enrolled participant if they re-enroll. Families that are on level X or who are not actively receiving services but who have not officially been un-enrolled can stay in the system and a new record will not need to be created.

Regardless of whether programs identify a target child or not, each child aged 0-5, including children born after the family's enrollment, should be entered into REDCap. For prenatal enrollments, demographics must be completed upon the child's birth. Incomplete demographic information will result in the child not being included in the count of children served and could result in the family not being included in the count of families served if this was their only age eligible child.

There is space in REDCap for up to 5 children under the age of 5 per household. Do NOT enter children over the age of five at the time of enrollment. These children will be counted in the household size, however. If your program serves a family with more than 5 children under the age of 5 in one household, please delete the demographics for one of the family's children over five who is no longer being served by the program and use this space for the new child.

Data Collection

To access REDCap and begin data input go to the following link: <https://redcap.icts.uiowa.edu/redcap/>

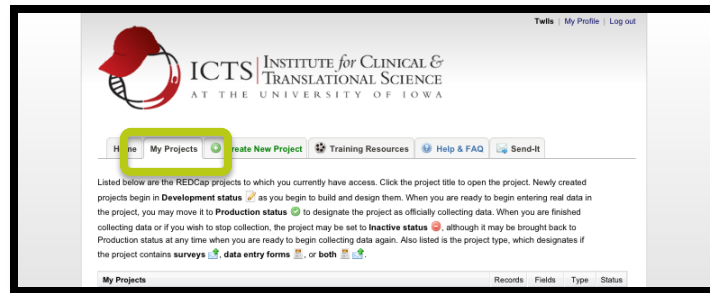
A Hawk ID assigned through the University of Iowa and a password are required to access REDCap. Please see "Training and Access" for information on how to obtain a Hawk ID and password.

Getting Started

Upon logging into REDCap, a page with text about REDCap will appear. This page provides general REDCap information.

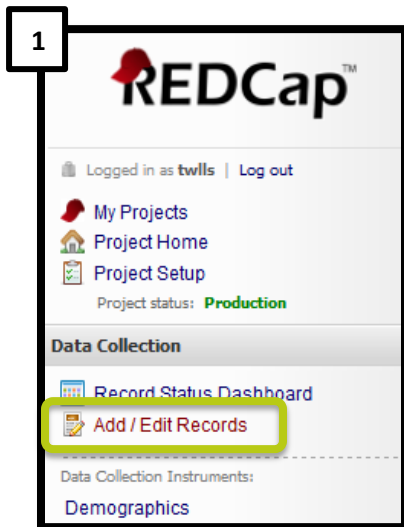
There are six tabs under the main header.

Select *My Projects* to begin. The screenshot to the right illustrates what will appear.



Click on the Family Support Family Data Collection project to begin entering data.

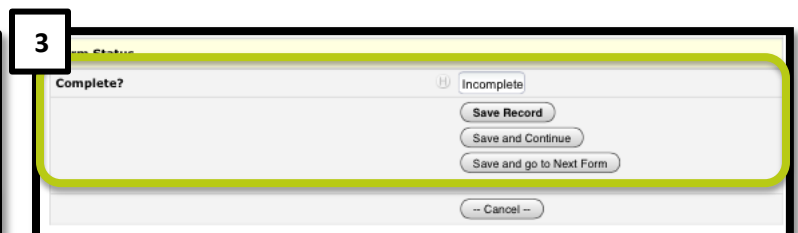
Adding a New Record



1. To add a new record you will click *Add/Edit Records* from under the *Data Collection* header.

2. Next, click *Add new record*. This opens the *Demographics* instrument for data entry for a new participant. REDCap assigns a Case Identifier which will be used for all additional instruments.

3. Once the instrument is completed, change the status of the instrument to *Complete*, *Unverified*, or *Incomplete* and *Save Record*. You must click *Save Record* (*Save and continue* or *Save and go to next form*) to enter data in the other instruments. **If this is not done your data will be lost.**



Editing a Record

To view or edit a record select *Add/Edit Records* from under the *Data Collection* header. Next, select the Case Identifier from *Incomplete Records*, *Unverified Records*, or *Complete Records*. A record can be edited once it is saved.

Saving: Incomplete, Unverified, Complete

Once a record is created, icons will appear next to each instrument. How a record is saved will determine where to find it in the *Add/Edit Record* screen and also the color of the icon next to each instrument. A complete record will have a green icon; an incomplete record will have a red icon; and an unverified record will have a yellow icon. There are no strict guidelines on exactly how records must be saved. As long as instruments are saved, no matter what is selected in terms of completion, the system will store the information.

In the example to the left, the Demographics instrument for this family was saved as Unverified, the Quarterly Report: Jul-Sept '12 was saved as Complete, and the rest of the tools have either not been completed or were saved as Incomplete.

Local programs may decide their own “best practice” for when to use Incomplete, Unverified, and Complete.

Deleting a record from REDCap:

Participants should only be entered into the REDCap system if they have been officially enrolled in your program and are receiving services. Participants on a waiting list or participants

who have been accepted but not yet enrolled in your program should not be entered until they begin to receive services.

We anticipate that deleting participants from REDCap will be extremely rare. If a participant was accidentally entered into REDCap prior to enrolling in your program and never received services they should be deleted from REDCap. To request a deletion, a program supervisor or director should send an e-mail to Julie.Tchoumkeu@idph.iowa.gov with the following information:

- Your name and title
- The name and location of your program
- The case ID of the record you wish to delete
- A detailed explanation of why you wish to delete the participant(s), including a description of why the family was not enrolled into your program but appears in the REDCap system.

Data Collection Tools and Descriptions

The following sections describe the instruments available in REDCap and provide a description of each field.

<u>2013-2014 Family Support Family Data Collection</u>		
<u>Demographics</u>		
Demographics should be completed for all families served in your program in the fiscal year and should only include information based on what was reported at the time of enrollment. The only exception is child information- all children should be included even if they were not in the family at the time of enrollment. This does not change household size or any other information about the family which was collected at the time of enrollment.		
Question	Response Options	Description
Case Identifier	Generated by REDCap	This number will be used to identify this case. Use this number to look the case up in REDCap. As a REDCap user you do not need to do anything to generate this number. It is up to each agency to know and record the case identifier assigned to each family. It is helpful to record this in an EXCEL spreadsheet for tracking purposes.
Enrollment date	mm/dd/yyyy	Date the family enrolled in the program. This is the date of the first home visit where enrollment paperwork is finalized and the participant has agreed to participate in the program. This is not the date the family was referred for services or the date they were placed on a waiting list.
County (dropdown)	99 Counties	Select the county in which services are provided. For home visiting services, this is the county where the family resides and where home visits occur. For group-based parent education programs this is the county where those services are provided.
Name of family support program	A list of options will be generated based on the county you selected above	Select the organization and program providing services to the family. If you do not see your program listed, please first check with your program supervisor.
First name of family support worker	Your first name	Full first name of the worker assigned to the participant. If there is more than one worker assigned to the family at any given time, please include the primary worker's information.

Last name of family support worker	Your last name	Full last name of the worker assigned to the participant.
Family was enrolled prenatally	y/n	Select yes if family was enrolled when mom was pregnant. If a pregnant mother who already has children is enrolled, choose yes and leave the Child 1 space for the prenatally enrolled child.
Child's birthday	mm/dd/yyyy	Enter the child's birthdate; if mom is prenatal leave this question blank. You can enter child information on up to five children ages five and under. If new children are born during the time the family is enrolled in your program, please enter the new child information. Child 1 should be a child who renders the family eligible for services, so their age should be prenatal to five years old at the time of enrollment.
Child race	Native American or Alaskan Native, Native Hawaiian or Pacific Islander, African American or Black, Asian, White	Select the child's race from the options listed. This should be based on what the participant tells you and not your observations. More than one race can be selected.
Child Hispanic/Latino	y/n	Select yes if child is of Hispanic or Latino ethnicity. Again this is based on what the participant tells you. Hispanic/Latino is considered an ethnicity rather than a race, so a race needs to be chosen whether Hispanic/Latino is selected yes or no.
Child has a current IFSP or IEP	y/n	Select yes if child has a current IFSP or IEP. These are the planning documents used by the Area Education Association for children with special needs that are enrolled in early intervention programs. These are sometimes referred to as Early ACCESS, or Part C, or Part B,
Child (0-5) was born with an established biological risk-factor such as very low birth weight (less than 1500 grams) or other genetic disorders	y/n	Select yes if an established biological risk-factor was present at child's birth such as very low birth weight (less than 1500 grams) or other genetic disorders. This is based on parent report. No outside confirmation is needed.
Primary care giver race	Native American or Alaskan Native, Native Hawaiian or Pacific Islander, African American or Black, Asian, White	Select primary caregiver's race from the options listed. This should be based on what the participant tells you and not your observations. More than one race can be

		selected. The primary caregiver is typically the parent that is involved in the home visiting or group-based parent education program. If both parents are involved, let them decide who will be listed as primary and other.
Primary care giver Hispanic/Latino	y/n	Select yes if primary care giver is of Hispanic or Latino ethnicity. Again this is based on what the participant tells you. Hispanic/Latino is considered an ethnicity rather than a race, so a race needs to be chosen whether Hispanic/Latino is selected yes or no.
Primary language is NOT English	y/n	Select yes if a language other than English is family's primary language. Again, this should be based on what the participant tells you.
Primary language spoken at home	English, Spanish, Arabic, Chinese, French, Italian, Japanese, Korean, Polish, Russian, Tagalog, Vietnamese, Tribal languages- DO NOT USE, Other	Enter the family's primary language. If other, list below.
Other	Open-ended	Enter the family's primary language if other was selected above. For languages with more than one form or spelling, programs should have a consensus and all home visitors should enter the chosen form.
First time mom	y/n	Select yes if this is the mother's first pregnancy that resulted in a live birth. Select no for a mother that had previously been pregnant but the pregnancy did not result in a live birth, such as a miscarriage. If you are working with a single dad that is a first-time parent, leave this question blank.
Age of mom	Numbers 10-40	Select mom's age. This is also gender specific. If the caregiver is a single-dad, this blank.
Primary care giver's marital status	Married, partnered, single, divorced, widowed, separated	Select the primary caregiver's marital status from the options listed. Married indicates a civil union between two people that are not currently separated. Partnered means a significant relationship that may or may not be cohabitating in nature but they are co-parenting the enrolled children. Divorced status should be used when a couple that has entered into a marriage has legally ended that marriage through divorce proceedings.

		Widowed is a status of a marriage that ends with the death of a spouse and the surviving spouse does not meet one of the other categories. Separated indicates a married couple that are living apart and identify themselves as separated.
Primary care giver's education	Elementary, Middle School or lower; Some High School, High School Diploma; GED; Trade or Vocational Training; Some College; 2-year college degree (associated degree); 4 year college degree (Bachelor Degree); Master Degree or Higher	Select the primary caregiver's highest level of education. Use the lowest level of education, elementary, for someone that has no formal education.
Other care giver's Education	Elementary, Middle School or lower; Some High School, High School Diploma; GED; Trade or Vocational Training; Some College; 2-year college degree (associated degree); 4 year college degree (Bachelor Degree); Master Degree or Higher	An answer is only needed if there are other caregivers in the household. Select other caregiver's highest level of education. If there are more than 2 caregivers in the household, describe the two that are most often present
One or more children (0-5) are not living with the parents due to out-of-home placement in the DHS foster care system	y/n	Select yes if one or more child age 0-5 is in out of home placement at the direction of the DHS child protection unit. This includes relative care when available in lieu of a non-relative foster parent. Group-based parent education and short-term home visiting programs may not know this information and may leave this blank if they do not know the answer. All other program types must answer yes or no.
One or more care givers are incarcerated	y/n	Select yes if one or more care givers are incarcerated. Group-based parent education and short-term home visiting programs may not know this information and may leave this blank if they do not know the answer. All other program types must answer yes or no.
Household income	Numbers only, family's self-reported annual household income	Enter family's annual income as they report it at enrollment. This should be an exact number rather than an estimate; the family may reference tax returns or income receipts to verify. Do not change this number over the course of the family's enrollment. FIP/TANF, disability income, unemployment income, and child support should all be included in this number.
Household size	Numbers only, family's self-reported household size	Enter family's household size as they report it at

		enrollment. If the mother is pregnant, this should include the prenatal child. This does not change over the course of the family's enrollment. This is just to collect a snapshot of family circumstances at the time of enrollment.
Date family exited the program	mm/dd/yyyy	Enter the date the family exited the program. If family is still in the program, leave blank
Why family exited the program	Choose from a drop-down menu	Choose from the most common reasons for someone to leave a program. If the reason the family exited the program is not in the list, choose other and briefly explain.
Other	Open-ended	Briefly explain the reason the family exited the program.
<p>The Quarterly Report should be completed on every family served by the end of the FY quarter as marked in the system. This includes families that were served for less than the full quarter. The information you enter reflects the services and the family circumstances during the specific reporting time period. Please complete questions for children 0-5 in the reporting period who live in the home. Staff have 5 calendar days after the end of the quarter to complete the report. These quarterly reports should not be confused with any local reports that are required by other funding streams or partners.</p> <p>Note: Outreach programs are only required to complete the following Quarterly Report questions: "Today's date," "Number of children 0-5 participating in family support program in family," "Number of group-based parent education meetings attended this quarter" and "Number of home visits completed this quarter".</p>		
Quarterly Report		
Question	Response Options	Description
Today's date	mm/dd/yyyy	Enter the date this Quarterly Report was completed
Number of children 0-5 participating in family support program in family	Numbers only	Enter the number of children 0-5 participating in the family support program in this family. Unborn children are included in this count.
Number of group-based parent education meetings attended this quarter	Numbers only	Enter the number of group-based meetings attended by this family in this quarter.
Number of home visits completed this quarter	Numbers only	Enter the number of home visits completed in this quarter. For more information please refer to Tool FF.
Child is enrolled in preschool this quarter	y/n	Select yes if child is currently enrolled in preschool. Preschool is defined by the family. Please check yes if

		the child was enrolled at some point in time for preschool during the quarter.
Child was screened for developmental delays this quarter	y/n	Select yes if child was screened for developmental delays in this quarter. This screening can be completed by the program or another community provider. This is measuring if the child has been screened, not who provided the screening.
Child is enrolled in early intervention services this quarter	y/n	Select yes if child is enrolled in early intervention services at any point during this quarter.
Has this child been a confirmed child abuse/neglect case this quarter	y/n	Select yes if child has been a confirmed child abuse/neglect case at any time during this quarter. All family support workers are mandatory child abuse reporters and should understand what a confirmed case of abuse or neglect means.
Has child been removed from the care of a parent during this quarter	y/n	Select yes if child has been removed from the care of a parent during this quarter. If the child was removed from their parent's care in a previous quarter and remains removed this quarter, do not check yes. This measure is to determine the number of removals that occur to enrolled children.
Number of referrals that were made to early intervention services this quarter	Numbers only	Enter the number of referrals that were made to early intervention services in this quarter. These are referrals your program made for early intervention services only. Do not include referrals made by other programs. Early intervention services include Early ACCESS and AEA preschool services. These are also referred to as Part C and Part B special education services.
How many times was mom screened on the Edinburgh Postnatal Depression Scale this quarter	Numbers only	Enter the number of times mom was screened on the Edinburgh Postnatal Depression Scale in this quarter. If the program does not screen for depression using this tool, enter zero.
How many times did mom screen positive for possible depression this quarter	Numbers only	Enter the number of times mom screened positive for possible depression in this quarter. If the program does not screen for depression using this tool, enter zero.

Number of referrals made by program staff due to a positive Edinburgh Postnatal Depression Scale screen this quarter	Numbers only	Enter the number of referrals made by program staff due to a positive Edinburgh Postnatal Depression Scale screen in this quarter. If the program does not screen for depression using this tool, enter zero.
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Assessment Instruments and Funder Requirements

Tools		
Instrument	Required?	Other Comments
Life Skills Progression Instrument	YES – for ECI-funded long-term and intensive home visiting programs and HOPES-HFI – IDPH funded programs.	<p>ECI areas are only required to answer certain scales (1-3, 5, 7, 11, 20, 35) but the entire instrument is recommended.</p> <p><u>LSP Initial</u>- The very first LSP completed on the family at the time of their enrollment. <u>1 LSP ongoing; 2 LSP ongoing</u>- LSPs are to be completed every 6 months. There will be two ongoing LSPs in the system available for each fiscal year. Please ensure you are entering the LSP under the correct fiscal year. <u>LSP Discharge</u>- To be completed at the time a family is discharged from a program.</p> <p>See Statewide Policy Memo #1 for further explanation and specific examples.</p>
Edinburgh Postpartum Depression Screening	YES – for HOPES-HFI – IDPH funded programs.	Use is encouraged by all programs that have been trained and are serving pregnant and postpartum women.
Ages and Stages Developmental Questionnaire, 3 rd Edition and Social-Emotional Questionnaire (SE)	YES – for HOPES-HFI – IDPH funded programs.	At this time, only 1 ASQ is available in the system. If your program has a target child you should fill out the ASQ on that child.
Protective Factors Survey	YES – for ECI-funded group-based parent education and short-term home visitation programs (refer to Tool FF for definitions).	<p>The pre-test should be completed within the first two weeks of enrollment.</p> <p>The post-test should be <u>completed upon discharge for exited families</u> (please ensure you are entering the post-test under the correct dates).</p> <p><u>For currently enrolled families, a post-test should be completed by June 30 each year (unless a family was recently enrolled and has taken the pre-test within the last six weeks).</u></p>

